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WISCONSIN DEPARTMENT OF **REGULATION & LICENSING**

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Dear Fellow Dentists:

Auxiliaries are often necessary to deliver dental care and the actions of unlicensed personnel can have a direct impact on the health and well being of a patient. However, licensure and regulation in the State of Wisconsin extends only to dentists and dental hygienists. Accordingly, dentists are responsible for the patient services performed by auxiliaries, and verification of their training is required.

Chapter DE 12 of the Wisconsin Administrative Code provides:

DE 12.01 Nondelegated functions. A dentist may not delegate any dental procedure of any description to an unlicensed person if the procedure to be delegated:

- Is of a character which may cause damage to the patient's teeth or oral cavity which (1) cannot be remedied without professional intervention.
- Is of a character which may cause adverse or unintended general systemic reaction. (2)
- Is intended, interpreted, or represented to be preliminary assessments, dental hygiene (3) treatment planning, oral screenings, oral prophylaxes or any portion of an oral prophylaxis other than supragingival rubber cup and air polishing after calculus is removed if necessary, scaling or root planing, or dental sealants.

DE 12.02 Training. A dentist who delegates any dental procedure or function to an unlicensed person must first train or verify the training of the person in the performance of the procedure or function, and must maintain verifiable records on forms approved by the board of the successful completion of the training by the unlicensed person.

Unlicensed auxiliaries may be formally trained in a vocational program. They may also be trained in a dental office or dental clinic training facility. The results of the Dental Assisting National Board written examination may also be part of your verification records. A Board approved form as required by DE 12.02 is enclosed. Additional copies may be requested from the Department or this copy may be used as a master for additional forms. The form is also available on the Department of Regulation and Licensing web site at www.drl.state.wi.us.

The goal of the Board, in concert with the WDA, WDHA & WDAA, is to make verification of training as effortless as possible. Verification records are to be maintained by the dentists but copies must also be available to the unlicensed auxiliary. This portable record can be used as verification of training at future employment sites, but the dentist who relies on the verification is still responsible for the performance of services that a dentist delegates to the unlicensed auxiliary.

If your auxiliary is office trained, it is highly recommended that training materials and manuals be maintained for review by the unlicensed personnel. In case of a complaint of auxiliary incompetence, the investigators with the Dentistry Examining Board will request verification records and training program materials.

The signature of the trainee on the form means that both the trainee, the trainer, and the dentist agree that the trainee is competent to perform the task. Despite prior training, an auxiliary has the right to refuse to perform a delegated duty that he/she does not feel competent to perform.

If you have any questions, please direct them in writing to the Department of Regulation and Licensing, Dentistry Examining Board, P.O. Box 8935, Madison WI 53708. Please be advised that ultimate responsibility for dental office employees and their activities is with the dentist.

Sincerely,

WISCONSIN DENTISTRY EXAMINING BOARD

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Enclosure

Wisconsin Department of Regulation & Licensing Mail To: P.O. Box 8935 Madison, WI 53708-8935 FAX #: (608) 266-0145 Phone #: (608) 266-2112 Licensing 1400 E. Washington Avenue Madison, WI 53703 E-Mail: web@drl.state.wi.us Website: http://www.drl.state.wi.us

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DENTISTRY EXAMINING BOARD

DOCUMENTATION OF TRAINING DELEGABLE PROCEDURES TO UNLICENSED PERSON

Information requested is required for processing.

Name:

Name:		Dentz	Dental Office Address:				
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Educational Background:	ground:						
			TRAINING		,		
Category of Service	Delegable Procedure	Review of Educational Material	Observation	Supervised Application m = model p = patient	Date Training Completed	Signature of Trainee	Signature of Dentist
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1817 (Rev 2/03)							

#181/ (Kev. 2/05) Ch. DE 12.02, Stats.